FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION CHIVED Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR**

FORW LIMITED OFFERING EXEMPTION

OMB Number:

3235-0076

Expires: April 30, 2008 Estimated average burden

hours per response 16.00

SEC USE ONLY DATE RECEIVED

Name of Offering(Check if this is an amendment and name has changed, and ind Series C Preferred Stock Financing	licate change.)		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule Type of Filing: New Filing Amendment	506 Section 4(6)	PROCESSED	
A. BASIC IDENTIFICA	ATION DATA	A 6 0000	
1. Enter the information requested about the issuer		JAN 1 0 2008	
Name of Issuer (check if this is an amendment and name has changed, and ind Innotas	licate change.)	THOMSON FINANCIAL	
Address of Executive Offices (Number and Street, C 118 2nd Street, Suite 300, San Francisco, CA 94105	Telephone Number (Including Area Code) (415)814-7700		
Address of Principal Business Operations (Number and Street, C if different from Executive Offices)	ity, State, Zip Code)	Telephone Number (Including Area Code)	
Brief Description of Business Project integration software development and distribution Type of Business Organization			
Corporation limited partnership, already formed business trust limited partnership, to be formed	other (p	lease spec 07086906	
Actual or Estimated Date of Incorporation or Organization: Month Year O 2 9 9 Ourisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service CN for Canada: FN for other forei		nated	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Akamine, Shinya Business or Residence Address (Number and Street, City, State, Zip Code) 705 Olive Street, Menlo Park, CA 94025 Director General and/or Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Bevilacqua, Tom Business or Residence Address (Number and Street, City, State, Zip Code) 303 Twin Dolphin Drive, 6th Floor, Redwood Shores, CA 94065 Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Carlson, Keith Business or Residence Address (Number and Street, City, State, Zip Code) 118 2nd Street, Suite 300, San Francisco, CA 94105 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Entrekin, Demian Business or Residence Address (Number and Street, City, State, Zip Code) 118 2nd Street, Suite 300, San Francisco, CA 94105 □ Director General and/or Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Miller, Jeb Business or Residence Address (Number and Street, City, State, Zip Code) 305 Lytton Avenue, Palo Alto, CA 9430 Executive Officer Director General and/or Beneficial Owner Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Petruzzelli, Jerrold F. Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Page Mill Road, Building 2, Palo Alto, CA 94304 Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Cedar Circle, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 10736 Indian Shack Road., Nevada City, CA 95959

A. BASIC IDENTIFICATION DATA

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of parenership issuers. Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) ArrowPath Fund II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 303 Twin Dolphin Drive, 6th Floor, Redwood Shores, CA 94065 Director General and/or Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) ComVentures VI, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 305 Lytton Avenue, Palo Alto, CA 94301 Director General and/or Promoter Beneficial Owner **Executive Officer** Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
	•											Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$ 0.00					
												Yes 🖂	No □
3.	Does th	ne offering p	permit joint (ownership (of a single to	ınit?	or will be	naid or giv	ven directl	v or indirec	tlv anv		
4.	commi	ssion or sim	nilar remune	ration for se	olicitation o	of purchaser	s in connect	ion with sa	les of secur	ities in the c	offering.		
	If a per	son to be li	sted is an ass ame of the b	sociated per	rson or ager	nt of a broke re than five	er or dealer:	registered w to be listed	ith the SEC	C and/or with sted persons	h a state. of such		
	a broke	r or dealer,	you may set	forth the i	nformation	for that bro	ker or deale	r only.		F	*		
Ful	l Name (Last name f	first, if indiv	idual)									
		Dasidanca	Address (Nu	mher and S	treet City	State 7 in ('ode)				.		<u> </u>
Dus	3111C22 OI	Residence	Address (14d	iniber and S	meet, Chy,	State, Zip							
Naı	me of As	sociated Br	oker or Deal	ler		-						<u>. </u>	
Sta	tes in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	(Che	eck "All Sta	tes" or check	c individual	States)							🗆 A	All States
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
	IL	[N]	ΙΑ	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
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Ful	l Name ((Last name	first, if indiv	ridual)									
Bu	siness or	Residence	Address (Nu	ımber and S	Street, City,	State, Zip (Code)						
Na	me of As	ssociated Br	oker or Dea	ler				<u>.</u>				<u> </u>	
Sta	tes in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	· ·					
	(Ch	eck "All Sta	ites" or checl	k individua	l States)							🗆 /	All States
	AL	AK	ΑZ	AR	CA	CO	СТ	DE	DC	FL	GÁ	HI	ID
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	мТ	NE	[VV]	ИН	[14]	NM	<u> </u>	NC	ND	ОН	рκ	OR	PA
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		. —			тх	<u>[4.]</u>	<u> </u>	1.0	<u></u>	نت			لثنا
		·	first, if indiv										
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
AL AK AZ AR CA CO CT DE DC FL GA								HI	ID				
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		IN	ĮA	KS				=		=	=	_	
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt\$	0.00	\$	0.00
	Equity		\$	6,000,000.25
	Common Preferred		•	
	Convertible Securities (including warrants)\$	0.00	\$	0.00
	Partnership Interests\$	0.00	\$	0.00
	Other (Specify)	0.00	\$	0.00
	Total\$		S	6,000,000.25
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	12	5	6,000,000.25
	Non-accredited Investors	0	5	0.00
	Total (for filings under Rule 504 only)	0	:	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	0	:	0.00
	Regulation A	0	:	0.00
	Rule 504	0	;	0.00
	Total		;	s <u>0.00</u>
4	a. Furnish a statement of all expenses ir. connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		S	0.00
	Legal Fees	🛛	\$	36,000.00
	Accounting Fees		S	0.00
	Engineering Fees		S	0.00
	Sales Commissions (specify finders' fees separately)		S	0.00
	Other Expenses (identify)		5	0.00
	Total	🛛	\$	36,000.00

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	C. OFFERING PRICE, NUMBER OF INVEST	ORS, EXPENSES AND USE OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in and total expenses furnished in response to Part C — Question 4.a. This proceeds to the issuer."	is difference is the "adjusted gross		\$:	5,964,000.25
5.	Indicate below the amount of the adjusted gross proceed to the issue each of the purposes shown. If the amount for any purpose is not check the box to the left of the estimate. The total of the payments list proceeds to the issuer set forth in response to Part C — Question 4.	known, furnish an estimate and sted must equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates	1	Payments to Others
	Salaries and fees		s <u>0.0</u> 0		0.00
	Purchase of real estate] \$ 0.00	<u>0</u> 🗆 s	0.00
	Purchase, rental or leasing and installation of machinery and equipment		շ	0 □ 5	s 0.00
	Construction or leasing of plant buildings and facilities			 0	0.00
	Acquisition of other businesses (including the value of securities is offering that may be used in exchange for the assets or securities of issuer pursuant to a merger) Repayment of indebtedness	of another		<u>0</u>	·
	Working capital			0 🛛 s	\$_5,964,000.25
	Other (specify):			<u>0</u> 🗆 s	\$ 0.00
		<u></u>	s <u>0.0</u>	<u>0</u> 🗆 :	s0.00
	Column Totals		s <u>0.0</u>	<u>0</u> 🗆 :	s0.00
	Total Payments Listed (column totals added)		⊠ s_	5,964,0	000.25
	D. FEDERA	L SIGNATURE			
sig	te issuer has duly caused this notice to be signed by the undersigned dul gnature constitutes an undertaking by the issuer to furnish to the U.S. S information furnished by the issuer to any non-accredited investor p	Securities and Exchange Commiss	ion, upon writt	tule 505 en requ	5, the following nest of its staff,
İss	suer (Print or Type) \ Signature	Physill !	Date		
Inr	notas		December 27,	2007	
Na	ame of Signer (Print or Type) Title of Signer	(Print or Type)			

- ATTENTION -

Secretary

Jerrold F. Petruzzelli

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

